

<b>POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	10/731,892
	Filing Date	12/9/2003
	First Named Inventor	Warren Douglas Sheffield
	Art Unit	3766
	Examiner Name	Reidel, Jessica L
	Confirmation Number	4677
	Attorney Docket Number	337348055US1 (09-115 US)

I hereby revoke all previous powers of attorney given in the above-identified application.											
<input type="checkbox"/> A Power of Attorney is submitted herewith. <b>OR</b> <input checked="" type="checkbox"/> I hereby revoke all previous powers of attorney given in the above-identified application. I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith: <b>OR</b> <input type="checkbox"/> I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:	<div style="border: 1px solid black; padding: 10px; display: inline-block;"> <b>89010</b> </div>										
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">Practitioner(s) Name</th> <th style="width: 50%;">Registration Number</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Practitioner(s) Name	Registration Number									
Practitioner(s) Name	Registration Number										

Please recognize or change the correspondence address for the above-identified application to:			
<input checked="" type="checkbox"/> The address associated with the above-mentioned Customer Number. <b>OR</b> <input type="checkbox"/> The address associated with Customer Number:			
<div style="border: 1px solid black; width: 150px; height: 30px; margin: 0 auto;"></div>			
<input type="checkbox"/> Firm or Individual Name			
Address			
City	State	Zip	
Country			
Telephone	Email		

I am the:	
<input type="checkbox"/> Applicant/Inventor. <b>OR</b> <input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) (Form PTO/SB/95) submitted herewith or filed on _____	

SIGNATURE of Applicant or Assignee of Record			
Signature	/Peter Lando, #45513/	Date	July 24, 2009
Name	Pete Lando	Telephone	972-309-8509
Title and Company	Vice President Intellectual Property Affairs and Business Development		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*	
<input checked="" type="checkbox"/>	*Total of <u>1</u> forms are submitted.